

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Council of Life Insurers Political Action Committee

ADDRESS (number and street)

101 Constitution Ave., NW

Suite 700

Check if different
than previously
reported. (ACC)

Washington

DC

20001

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00147066

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

02

01

2009

through

02

28

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Donald L. Walker

Signature of Treasurer

Electronically Filed by Mr. Donald L. Walker

Date

03

19

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		58032.39
(b) Cash on Hand at Beginning of Reporting Period	35641.18	
(c) Total Receipts (from Line 19)	24563.03	40171.82
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	60204.21	98204.21
7. Total Disbursements (from Line 31)	30256.97	68256.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29947.24	29947.24
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7485.14	9985.92
(i) Itemized (use Schedule A)	2077.89	5185.90
(ii) Unitemized	9563.03	15171.82
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	15000.00	25000.00
(c) Other Political Committees (such as PACs)	24563.03	40171.82
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24563.03	40171.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24563.03	40171.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30256.97	68256.97
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	30256.97	68256.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30256.97	68256.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	24563.03	40171.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24563.03	40171.82
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Edward J. Zore

Mailing Address 720 East Wisconsin Avenue

City

Milwaukee

State

WI

Zip Code

53202-4797

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwestern Mutual Life
Insurance Com

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 0 9

Transaction ID: 28231419

Amount of Each Receipt this Period

1250.00

B.

Full Name (Last, First, Middle Initial)

Mr. Dennis J. Manning

Mailing Address 631 Long Ridge Road
Unit 22

City

Stamford

State

CT

Zip Code

06902-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Guardian Life Insurance
Company of Ame

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 28253864

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mr. Patrick S. Baird

Mailing Address 549 Knollwood Drive SE

City

Cedar Rapids

State

IA

Zip Code

52403-4248

FEC ID number of contributing
federal political committee.

C

Name of Employer
AEGON USA, Inc.

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 0 9

Transaction ID: 28400226

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

4250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Walter C. Welsh

Mailing Address 101 Constitution Ave, NW
101 Constitution Ave, NW

City State Zip Code
Washington DC 20001-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

697.92

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR1550105916296

Amount of Each Receipt this Period

348.96

P/R Deduction (\$174.48 Se-
mi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Gary E. Hughes

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Executive Vice Pres & General Counse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR771358216296

Amount of Each Receipt this Period

291.66

P/R Deduction (\$145.83 Se-
mi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Ms. Linda H. Cunningham

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Vice President, Conference Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.33

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR771362416296

Amount of Each Receipt this Period

101.66

P/R Deduction (\$50.83 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

742.28

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. J. Bruce Ferguson

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Vice President, State Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.91

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR771373216296

Amount of Each Receipt this Period

261.46

P/R Deduction (\$130.73 Se-
mi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. David M. Leifer

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.67

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR771374016296

Amount of Each Receipt this Period

132.34

P/R Deduction (\$66.17 Sem-
i-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. John W. Mangan, CEBS

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Regional Vice President, State Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR771377116296

Amount of Each Receipt this Period

200.00

P/R Deduction (\$100.00 Se-
mi-Monthly)

SUBTOTAL of Receipts This Page (optional)

593.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Kimberly Dorgan

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation

Executive Vice President, Federal Rela

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

937.51

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR771395116296

Amount of Each Receipt this Period

468.76

P/R Deduction (\$234.38 Se-
mi-Monthly)

B.

Full Name (Last, First, Middle Initial)

Frank Keating

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR771419716296

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Se-
mi-Monthly)

C.

Full Name (Last, First, Middle Initial)

Mr. Michael J. Hunter

Mailing Address 101 Constitution Avenue, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation

Executive Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR771419816296

Amount of Each Receipt this Period

416.66

P/R Deduction (\$208.33 Se-
mi-Monthly)

SUBTOTAL of Receipts This Page (optional)

1302.08

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. John P. Gerni

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Legislative Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.51

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR771428716296

Amount of Each Receipt this Period

121.76

P/R Deduction (\$60.88 Sem-
i-Monthly)

B.

Full Name (Last, First, Middle Initial)

Mr. Juan Carlos Scott

Mailing Address 101 Constitution Ave, NW
Suite 700 West

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Senior Vice President, Federal Relatio

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR771428816296

Amount of Each Receipt this Period

131.04

P/R Deduction (\$65.52 Sem-
i-Monthly)

C.

Full Name (Last, First, Middle Initial)

David C. Turner

Mailing Address 101 Constitution Ave, NW
Suite 700

City State Zip Code
Washington DC 20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
Insurers

Occupation
Sr. Vice President and Corp Sec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.67

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: PR771428916296

Amount of Each Receipt this Period

195.84

P/R Deduction (\$97.92 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

448.64

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Maurice Perkins

Mailing Address 101 Constitution Ave, NW
Suite 700

City	State	Zip Code
Washington	DC	20001-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Council of Life
InsurersOccupation
Vice President, Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	0	9

Transaction ID: PR805149116296

Amount of Each Receipt this Period

148.34

P/R Deduction (\$74.17 Sem-
i-Monthly)

SUBTOTAL of Receipts This Page (optional)

148.34

TOTAL This Period (last page this line number only)

7485.14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 29

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Fidelity Corporation PAC

Mailing Address P.O. Box 25523

City

Oklahoma City

State

OK

Zip Code

73125

FEC ID number of contributing
federal political committee.

C C00210526

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 28253859

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Guardian Life PAC

Mailing Address 7 Hanover Square

City

New York

State

NY

Zip Code

10004

FEC ID number of contributing
federal political committee.

C C00173393

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: 28253861

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Lincoln National Corporation PAC

Mailing Address 1300 South Clinton Street

City

Fort Wayne

State

IN

Zip Code

46801

FEC ID number of contributing
federal political committee.

C C00110577

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: 28401483

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

15000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 2/24 event, \$66.66 room rental, \$64.17 staff time and e-mail, phone, computer

Candidate Name
Mr. Alan Grayson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: 28184063

Date of Disbursement

/ /

Amount of Each Disbursement this Period

130.83

Portion of in-kind for 2/-
24 event, \$66.66 room rental,
\$64.17 staff time and
e-mail, phone, computer

B.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 2/24 event, \$66.66 room rental, \$64.17 staff time and e-mail, phone, computer

Candidate Name
Mr. Jim Himes

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: 28184093

Date of Disbursement

/ /

Amount of Each Disbursement this Period

130.83

Portion of in-kind for 2/-
24 event, \$66.66 room rental,
\$64.17 staff time and
e-mail, phone, computer

C.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 2/24 event, \$66.66 room rental, \$64.17 staff time and e-mail, phone, computer

Candidate Name
Mary Kilroy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 28184110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

130.83

Portion of in-kind for 2/-
24 event, \$66.66 room rental,
\$64.17 staff time and
e-mail, phone, computer

SUBTOTAL of Disbursements This Page (optional)

392.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 2/24 event, \$66.67 room rental, \$64.17 staff time and e-mail, phone, computer

Candidate Name
Suzanne Kosmas

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 24

Transaction ID: 28184127

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

130.84

Portion of in-kind for 2/-
24 event, \$66.67 room ren-
tal, \$64.17 staff time and
e-mail, phone, computer

B.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 2/24 event, \$66.66 room rental, \$64.17 staff time and e-mail, phone, computer

Candidate Name
Mr. Daniel Maffei

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: 28184139

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

130.83

Portion of in-kind for 2/-
24 event, \$66.66 room ren-
tal, \$64.17 staff time and
e-mail, phone, computer

C.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 2/25 event, \$80 room rental, \$77 staff time and e-mail, phone, computer

Candidate Name
Lynn Jenkins

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

Transaction ID: 28184213

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

157.00

Portion of in-kind for 2/-
25 event, \$80 room rental,
\$77 staff time and e-mail,
phone, computer

SUBTOTAL of Disbursements This Page (optional)

418.67

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 2/25 event, \$80 room rental, \$77 staff time and e-mail, phone, computer

Candidate Name

Mr. Leonard Lance

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: 28184234

Date of Disbursement

/ /

Amount of Each Disbursement this Period

157.00

Portion of in-kind for 2/-
25 event, \$80 room rental,
\$77 staff time and e-mail,
phone, computer

B.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 2/25 event, \$80 room rental, \$77 staff time and e-mail, phone, computer

Candidate Name

Mr. Christopher Lee

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: 28184269

Date of Disbursement

/ /

Amount of Each Disbursement this Period

157.00

Portion of in-kind for 2/-
25 event, \$80 room rental,
\$77 staff time and e-mail,
phone, computer

C.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 2/25 event, \$80 room rental, \$77 staff time and e-mail, phone, computer

Candidate Name

Mr. Erik Paulsen

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 03

Transaction ID: 28184291

Date of Disbursement

/ /

Amount of Each Disbursement this Period

157.00

Portion of in-kind for 2/-
25 event, \$80 room rental,
\$77 staff time and e-mail,
phone, computer

SUBTOTAL of Disbursements This Page (optional)

471.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 2/25 event, \$80 room rental, \$77 staff time and e-mail, phone, computer

Candidate Name
Mr. Bill Posey

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: 28184312

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

157.00

Portion of in-kind for 2/-
25 event, \$80 room rental,
\$77 staff time and e-mail,
phone, computer

B.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 3/19 event, \$66.66 room rental, \$64.17 staff time and e-mail, phone, computer

Candidate Name
Ginny Brown-Waite

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 05

Transaction ID: 28184541

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

130.83

Portion of in-kind for 3/-
19 event, \$66.66 room rental,
\$64.17 staff time and e-mail,
phone, computer

C.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 3/19 event, \$66.66 room rental, \$64.17 staff time and e-mail, phone, computer

Candidate Name
Rep. Charles Boustany, Jr.

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: 28184597

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

130.83

Portion of in-kind for 3/-
19 event, \$66.66 room rental,
\$64.17 staff time and e-mail,
phone, computer

SUBTOTAL of Disbursements This Page (optional)

418.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 3/19 event, \$66.66 room rental, \$64.17 staff time and e-mail, phone, computer

Candidate Name

Rep. Geoffrey Davis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: 28184696

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

130.83

Portion of in-kind for 3/-
19 event, \$66.66 room rental,
\$64.17 staff time and
e-mail, phone, computer

B.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 3/19 event, \$66.66 room rental, \$64.17 staff time and e-mail, phone, computer

Candidate Name

Rep. David Reichert

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 08

Transaction ID: 28184751

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

130.83

Portion of in-kind for 3/-
19 event, \$66.66 room rental,
\$64.17 staff time and
e-mail, phone, computer

C.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 3/19 event, \$66.67 room rental, \$64.17 staff time and e-mail, phone, computer

Candidate Name

Rep. Dean Heller

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: 28184768

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

130.84

Portion of in-kind for 3/-
19 event, \$66.67 room rental,
\$64.17 staff time and
e-mail, phone, computer

SUBTOTAL of Disbursements This Page (optional)

392.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 3/19 event, \$66.67 room rental, \$64.17 staff time and e-mail, phone, computer

Candidate Name

Rep. Peter Roskam

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: 28184789

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

130.84

Portion of in-kind for 3/-
19 event, \$66.67 room rental,
\$64.17 staff time and
e-mail, phone, computer

B.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 3/4 event, \$80 room rental, \$77 staff time and e-mail, phone, computer, etc.

Candidate Name

Mr. Daniel Davis

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: 28185423

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

157.00

Portion of in-kind for 3/4
event, \$80 room rental,
\$77 staff time and e-mail,
phone, computer, etc.

C.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 3/4 event, \$80 room rental, \$77 staff time and e-mail, phone, computer, etc.

Candidate Name

Rep. Bob Etheridge

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 02

Transaction ID: 28185445

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

157.00

Portion of in-kind for 3/4
event, \$80 room rental,
\$77 staff time and e-mail,
phone, computer, etc.

SUBTOTAL of Disbursements This Page (optional)

444.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 3/4 event, \$80 room rental, \$77 staff time and e-mail, phone, computer, etc.

Candidate Name
Rep. Brian Higgins

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 27

Transaction ID: 28185465

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

157.00

Portion of in-kind for 3/4 event, \$80 room rental, \$77 staff time and e-mail, phone, computer, etc.

B.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 3/4 event, \$80 room rental, \$77 staff time and e-mail, phone, computer, etc.

Candidate Name
Rep. Linda Sanchez

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 39

Transaction ID: 28185488

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

157.00

Portion of in-kind for 3/4 event, \$80 room rental, \$77 staff time and e-mail, phone, computer, etc.

C.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 3/4 event, \$80 room rental, \$77 staff time and e-mail, phone, computer, etc.

Candidate Name
Rep. John Yarmuth

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 03

Transaction ID: 28185507

Date of Disbursement

02 / 04 / 2009

Amount of Each Disbursement this Period

157.00

Portion of in-kind for 3/4 event, \$80 room rental, \$77 staff time and e-mail, phone, computer, etc.

SUBTOTAL of Disbursements This Page (optional)

471.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 3/5 event, \$57.14 room rental, \$55 staff time and e-mail, phone, computer, et

Candidate Name
Mr. John Adler

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 03

Transaction ID: 28208725

Date of Disbursement

/ /

Amount of Each Disbursement this Period

112.14

Portion of in-kind for 3/5 event, \$57.14 room rental, \$55 staff time and e-mail, phone, computer, et

B.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 3/5 event, \$57.14 room rental, \$55 staff time and e-mail, phone, computer, et

Candidate Name
Andre Carson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 07

Transaction ID: 28208727

Date of Disbursement

/ /

Amount of Each Disbursement this Period

112.15

Portion of in-kind for 3/5 event, \$57.14 room rental, \$55 staff time and e-mail, phone, computer, et

C.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 3/5 event, \$57.14 room rental, \$55 staff time and e-mail, phone, computer, et

Candidate Name
Mr. Travis Childers

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 01

Transaction ID: 28208729

Date of Disbursement

/ /

Amount of Each Disbursement this Period

112.14

Portion of in-kind for 3/5 event, \$57.14 room rental, \$55 staff time and e-mail, phone, computer, et

SUBTOTAL of Disbursements This Page (optional)

336.43

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 3/5 event, \$57.14 room rental, \$55 staff time and e-mail, phone, computer, et

Candidate Name
Mr. Steven Driehaus

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 01

Transaction ID: 28208730

Date of Disbursement

/ /

Amount of Each Disbursement this Period

112.14

Portion of in-kind for 3/5 event, \$57.14 room rental, \$55 staff time and e-mail, phone, computer, et

B.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 3/5 event, \$57.14 room rental, \$55 staff time and e-mail, phone, computer, et

Candidate Name
Mr. Walter C. Minnick

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 01

Transaction ID: 28208731

Date of Disbursement

/ /

Amount of Each Disbursement this Period

112.14

Portion of in-kind for 3/5 event, \$57.14 room rental, \$55 staff time and e-mail, phone, computer, et

C.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement

Portion of in-kind for 3/5 event, \$57.14 room rental, \$55 staff time and e-mail, phone, computer, et

Candidate Name
Mr. Gary Peters

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 09

Transaction ID: 28208732

Date of Disbursement

/ /

Amount of Each Disbursement this Period

112.14

Portion of in-kind for 3/5 event, \$57.14 room rental, \$55 staff time and e-mail, phone, computer, et

SUBTOTAL of Disbursements This Page (optional)

336.42

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Garrett for Congress

Mailing Address P.O. Box 905

City
Newton

State
NJ

Zip Code
07860

Purpose of Disbursement

011

Category/
Type

Candidate Name
Scott Garrett

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 05

Transaction ID: 28375007

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

South Dakota First PAC

Mailing Address 122 Maryland Ave, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name
South Dakota First PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 28375055

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Friends Of Sherrod Brown

Mailing Address PO Box 76187
Suite 800

City
Washington

State
DC

Zip Code
20013

Purpose of Disbursement

011

Category/
Type

Candidate Name
Sen. Sherrod Brown

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: 28375056

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

DeMint for Senate Committee

Mailing Address P.O. Box 2776

City
ArlingtonState
VAZip Code
22202

Purpose of Disbursement

011

Category/
TypeCandidate Name
Jim DeMintOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District:

Transaction ID: 28375062

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Bill Nelson For U S Senate

Mailing Address 500 Red Sail Way

City
Satellite BeachState
FLZip Code
32937

Purpose of Disbursement

011

Category/
TypeCandidate Name
Sen. Bill NelsonOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District:

Transaction ID: 28375063

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Wyden for Senate

Mailing Address 123 NE 3rd Suite 321

City
PortlandState
ORZip Code
97232

Purpose of Disbursement

011

Category/
TypeCandidate Name
Ron WydenOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District:

Transaction ID: 28375065

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends of Schumer

Mailing Address 60 Madison Ave Suite 1026

City New York State NY Zip Code 10010

Purpose of Disbursement

011

Category/
Type

Candidate Name
Charles Schumer

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District:

Transaction ID: 28375066

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Blue Dog PAC

Mailing Address 227 Massachusetts Ave, NE
Suite 101

City Washington State DC Zip Code 20002

Purpose of Disbursement

011

Category/
Type

Candidate Name
Blue Dog PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 28375067

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Friends of Max Baucus

Mailing Address 818 Connecticut Ave, NW
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement

011

Category/
Type

Candidate Name
Max Baucus

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MT District:

Transaction ID: 28375069

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kind For Congress Committee

Mailing Address 1207 C Street, NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Ron Kind

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 03

Transaction ID: 28375071

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Royce Campaign Committee

Mailing Address P.O. Box 2525

City
Orange

State
CA

Zip Code
92859

Purpose of Disbursement

011

Category/
Type

Candidate Name
Ed Royce

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 40

Transaction ID: 28375094

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Rob Portman for US Senate

Mailing Address 900 19th Street, NW
8th Floor

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement

011

Category/
Type

Candidate Name
Mr. Rob Portman

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District:

Transaction ID: 28375098

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Melissa Bean For Congress

Mailing Address Post Office Box 3068

City
Barrington

State
IL

Zip Code
60010

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Melissa Bean

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 08

Transaction ID: 28375100

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Levin For Congress

Mailing Address P.O. Box 37

City
Roseville

State
MI

Zip Code
48066

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Sander Levin

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

Transaction ID: 28375101

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Grassley Committee

Mailing Address 5327 Holmes Run Parkway

City
Alexandria

State
VA

Zip Code
22304

Purpose of Disbursement

011

Category/
Type

Candidate Name
Chuck Grassley

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District:

Transaction ID: 28375102

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Transaction ID: 28375177

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	0	9

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Amount of Each Disbursement this Period

1	3	0	8	4
---	---	---	---	---

Purpose of Disbursement

Portion of in-kind for 2/24 event, \$66.67 room rental, \$64.17 staff time and e-mail, phone, computer

Candidate Name
Rep. Bill FosterCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 14

Portion of in-kind for 2/-
24 event, \$66.67 room ren-
tal, \$64.17 staff time and
e-mail, phone, computer**B.**

Full Name (Last, First, Middle Initial)

American Council of Life Insurers

Transaction ID: 28375190

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	0	9

Mailing Address 101 Constitution Ave, NW
Suite 700

City Washington State DC Zip Code 20001

Amount of Each Disbursement this Period

1	1	2	1	5
---	---	---	---	---

Purpose of Disbursement

Portion of in-kind for 3/5 event, \$57.14 room rental, \$55 staff time and e-mail, phone, computer, et

Candidate Name
Jackie SpeierCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 12

Portion of in-kind for 3/5
event, \$57.14 room rental,
\$55 staff time and e-mail,
phone, computer, et**C.**

Full Name (Last, First, Middle Initial)

Corner Bakery

Transaction ID: 28493339

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	9

Mailing Address 529 14th Street, NW
Suite F11

City Washington State DC Zip Code 20045

Amount of Each Disbursement this Period

1	6	6	4	0
---	---	---	---	---

Purpose of Disbursement

In-Kind portion of catering for 2/25/09 Meet and Greet Lunch

Candidate Name
Lynn Jenkins011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 02

In-Kind portion of cateri-
ng for 2/25/09 Meet and
Greet Lunch**SUBTOTAL** of Disbursements This Page (optional)

409.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Corner Bakery</p> <p>Mailing Address 529 14th Street, NW Suite F11</p> <p>City Washington State DC Zip Code 20045</p> <p>Purpose of Disbursement In-Kind portion of catering for 2/25/09 Meet and Greet Lunch</p> <p>Candidate Name Mr. Leonard Lance</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28493545</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 166.40</p> <p>In-Kind portion of catering for 2/25/09 Meet and Greet Lunch</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Corner Bakery</p> <p>Mailing Address 529 14th Street, NW Suite F11</p> <p>City Washington State DC Zip Code 20045</p> <p>Purpose of Disbursement In-Kind portion of catering for 2/25/09 Meet and Greet Lunch</p> <p>Candidate Name Mr. Christopher Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28493557</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 166.39</p> <p>In-Kind portion of catering for 2/25/09 Meet and Greet Lunch</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Corner Bakery</p> <p>Mailing Address 529 14th Street, NW Suite F11</p> <p>City Washington State DC Zip Code 20045</p> <p>Purpose of Disbursement In-Kind portion of catering for 2/25/09 Meet and Greet Lunch</p> <p>Candidate Name Mr. Erik Paulsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28493558</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 166.39</p> <p>In-Kind portion of catering for 2/25/09 Meet and Greet Lunch</p>

SUBTOTAL of Disbursements This Page (optional)

499.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Council of Life Insurers Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Corner Bakery

Mailing Address 529 14th Street, NW
Suite F11

City Washington State DC Zip Code 20045

Purpose of Disbursement
In-Kind portion of catering for 2/25/09 Meet and Greet Lunch

Candidate Name
Mr. Bill Posey

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 15

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 28493560

Date of Disbursement

MM / DD / YY
02 / 24 / 2009

Amount of Each Disbursement this Period

166.39

In-Kind portion of catering for 2/25/09 Meet and Greet Lunch

SUBTOTAL of Disbursements This Page (optional)

166.39

TOTAL This Period (last page this line number only)

30256.97